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CULTURE BOUND SYNDROMES IN PAKISTAN: IMPLICATIONS AND STRATEGIC VISION FOR HEALTH MANAGEMENT

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ABSTRACT

BACKGROUND: Understanding the culture a person belongs to is crucial as it forms the beliefs, values, perspectives, worries and hopes. It can then be used to assess the problems a person goes through and devise a treatment plan with a focus on belief system of a person. Culture bound syndromes are common in every society but are usually overlooked or given less consideration by professionals. These syndromes are belief systems associated with various diseases and disorders and can be very helpful in treatment, if understood in the perspective of a particular person as every syndrome is perceived differently by an individual living in the same culture.

PURPOSE: This paper reviews the various culture bound syndromes in Pakistan and the related cultural/ health care practices of the people in view of these syndromes and their implications and suggests a comprehensive model that can improve health care practices.

METHOD: The articles which have been reviewed were searched using Google Scholar, PubMed and Science Direct.

CONCLUSION: Pakistani culture is intertwined with the widely practiced religion i.e. Islam. People associate different cultural syndromes with Islam and prefer cultural treatment practices and religious healing, whether it be provided by a spiritual healer (Peer) or practiced individually. Authors suggest 3 As model based on bio-psycho-social model of disease for assessment and treatment.

KEYWORDS: Culture Bound Syndromes, Evil Eye, 3 As Model, Cultural Belief System, Pakistan

INTRODUCTION

Culture bound syndrome is a broad term which covers particular behavioral, cognitive and affective manifestations which can be observed in a culture. These manifestations become a source of distress and are not the usual behavior of the people of that particular culture. These syndromes are given indigenous labels and are perceived as illnesses that require a cure (Balhara, 2011). Countless syndromes have been documented for various cultures around the globe, some of which are Koro (a conviction that the male organ will retract inside the body) in China, Taijin kyofusho (fear of social situations) and Hikikomori (social withdrawal for 6 months) in Japan, Piblokto (echolalia, screaming and wild behavior) in Eskimo society, Zar (spiritual possession) in Africa and Bouffee deliriante (sudden aggressive outburst) in Haiti (Baig, 2010; Henderson, Nguyen, Wills, & Fricchione, 2010). As mentioned earlier, these culture bound syndromes are the convictions/ beliefs of a particular society, so the question arises whether the cultural beliefs of a person can be used to treat them or is it necessary to dismiss all beliefs that go against scientific evidence? Culture is a vital part of a community that requires understanding by all, especially those who are in charge of the health care of the people (Lewallen, 2011; McQuaid, 2018). A key observation that is frequently overlooked while treating or assessing a patient is the cultural background he or she comes from. Pakistan is a country in which various cultural syndromes exist, for example, dhat syndrome, athra, evil eye, magic, jinn possession etc. (Qureshi, Qureshi, & Khawaja, 2017). This paper highlights how the above

mentioned syndromes direct the belief and practices of people in Pakistan and how professionals could use the beliefs of these people in treating them instead of dismissing their belief.

Dhat Syndrome in Men

Semen loss anxiety or 'dhat' is a belief that a young person would become sexually weak if he loses semen during sleep or masturbation. The quantity and the quality of the semen lost is different for each individual and the perception of cause of semen loss is, but not limited to the following beliefs:(1) watching pornography, (2) punishment of sins in early childhood,(3) excessive sexual arousal (Grover et al., 2015; Malhotra & Wig, 1975; Sumathipala, Siribaddana, & Bhugra, 2018). It is also believed that if dhat continues for a longer time, it could lead a person to a mental asylum (N. Khan, 2008). The word 'Dhatu' comes from Sanskrit, which is an ancient language of India (Balhara & Goel, 2012), that is why the complaint of dhat is mostly found in this country (Bhatia & Malik, 2018; Bhattacharya, 2004). However, Pakistan (the neighbor) was previously a part of the Indian sub continent and the people of both the countries lived together (Rahman, 2009). That is the reason most of the cultural beliefs of both the nations are somewhat similar. In case of dhat, similar complaints and beliefs are found in Pakistani men and the number is high, out of 318 participants with dhat syndrome, 55 % approximately were single men aged between 18-62 years (N. Khan, Kausar, & Chaudhary, 2011). Khan's (2008) study shows that people with concerns related to dhat in Pakistan, prefer to go to a general physician, homeopath or a hakim. But the question remains on how the problem is treated. Unfortunately, researchers have failed to tap into how the general physicians, homeopaths or the hakims are dealing with their clientele in regards to the treatment of dhat. Are the beliefs of the person disregarded? Does anyone bother to explain the phenomenon while being sensitive to the belief of the person? How is the person's confidence restored by the healer? Khan's (2008) study shows that individuals consulting hakims and homeopaths remain depressed. This suggests that even though the physical symptoms are treated, professionals may not have been able to work on the person's self esteem.

Athra in Women and Kamzoor Babies

Another common belief among rural areas of Punjab, a province in Pakistan is Athra which is a spiritual illness characterized by repeated miscarriages (Azher Hameed, 2018; Qureshi et al., 2017). To rid herself of Athra, the infertile woman might shift her Parchawan to someone else, which is diagnosed if the child is Kamzoor (weak). Parchawan (Batool & Azam, 2016; Qureshi et al., 2017) is a shadow or a spirit or evil eye that can be casted by a woman suffering from Athra. A Pakistani woman suffers emotionally and socially when she has a miscarriage. Socially, people tend to avoid such a woman because of her Parchawan and the woman becomes a prey to self blame and guilt. In a study conducted by Batool and Azam (2016), it was reported by the participants that it is usually the young and unmarried women who avoid the woman who has had a miscarriage and maintenance of distance by these individuals is very evidently observed by the women who are believed to have the Parchawan. The Pakistani woman suffers a lot emotionally, as her husband and in laws become distant and she is not allowed to grieve her loss. In a collectivistic culture (Islam, 2004), a Pakistani man is expected to be strong i.e. not allowed to express emotion, be it in happiness or distress. The requirement of strength is because the man has to take care of every individual in his house.

Another cultural belief related to Parchawan is associated with the health of a baby i.e. if a woman has successfully transferred her Parchawan to another woman it can be diagnosed by the health of a child. If the child is kamzoor (weak), it means that the Parchawan has been transmitted to the other woman. A cultural treatment for the kamzoor child is the dum on a pumpkin and then tying the vegetable on the child's bed. As the pumpkin dries out the child gradually becomes healthier (Qureshi et al., 2017).

Dum is related to religion in Pakistan and is perceived to be very spiritual as usually Qur'anic script is used in performing Dum, therefore it is a preferred practice (Bukhsh, Gan, Goh, & Khan, 2018; Hussain et al., 1997; Qamar et al., 2016). Grief of miscarriage sometimes becomes a source of religious growth in women. In Batool and Azam's (2016) study it was found that women started to pray a lot and reported to be submitting to God's will. As it says in the Qur'an, "O you, who believe, seek help with steadfastness and prayer. For God is with those who are steadfast" (Qur'an 2:153)

Evil Eye

Evil Eye is a dangerous force, resulting from jealousy that can alter fate, negatively influence lives and harm oneself or one's relatives (Ghilzai & Kanwal, 2016). The concept of evil eye or Buri Nazar (in Pakistani cultural connotation) or Al-Ayn (In Arabic) is found in Islam, which is the widely practiced religion in Pakistan. In the Qur'an it says "And from the evil of the envier when he envies" [113:5]. The concept of evil eye can be found

in the Ahadith of both shia and sunni sects of Islam in Pakistan, for example, some Ahadith in Nahjul Fasahah (belonging to shia sect) "Evil eye exists for sure. Satan and man's envy call it to action" (Payandeh, 1984) and Ahadith in Sahih Muslim (belonging to sunni sect) are "The influence of evil eye is a fact" (Siddiqui, 1976). In Pakistan religion has a significant effect on the cultural beliefs and practices. As it is a pre-established and well believed concept by the individuals that evil eye exists for sure, its effects can be seen in the health care practices as well.

Evil eye is perceived to be the cause of various diseases especially in a child. A study about the care givers perception about a child's asthma was conducted and it was found that 15% of the individuals reported evil eye (saya/nazar) to be a cause of it (Hazir, Das, Piracha, Waheed, & Azam, 2002). In another study it was reported that health problems in children like ambiguous genitalia, seizures, communicable diseases and jaundice are viewed as the influence of 'Witch crafts'(Hirani, 2008). It is believed in Pakistan that fever and typhoid can also be caused by evil eye and that beautiful and healthy children are prone to be victims of evil eye (Jahn & Aslam, 1995).

To ward off harms evil eye Qur'anic verses and kalema are recited by individuals. Other than that Taweez (amulet with Qur'anic verses) is made for the victims of evil eye (Ghilzai & Kanwal, 2016; Jahn & Aslam, 1995). Some people use blue amulets, beads or black color to ward off evil. Truck drivers tie a black cloth on their trucks and paint an eye (Elias, 2003), people make babies wear turquoise stone/ bead, some articulate religious statements like MashaAllah by which people feel safe from evil force of jealousy, others give sadaqah to ward off evil (Ghilzai & Kanwal, 2016). Sadaqah is charity given in the form of money or food which has its roots in the Islamic religion, and therefore is practiced regularly by people in Pakistan (S. S. Ali, 2008; Kashif, Faisal Jamal, & Abdur Rehman, 2018).

Jinn Possession and Magic

The concept of jinn is popular in the region because its roots lie in the religion. The Qur'an explains how jinn were created by God and that they live among humans and have supernatural abilities. In the Qur'an it says, "And indeed we created man from dried clay of altered mud and Jinn we created aforetime from the smokeless flame of fire" (The Qur'an, Al-Hijr – Chapter 15, verses 26-27). The culture of Pakistan is quite influenced by its religion that the majority follows. However, apart from the religious explanations of any phenomenon, the picture that comes to be in the form of cultural practice is solely rested upon the interpretation of the people, folklore of that culture (that is created by the people) and their choice of practicing a certain cultural belief (which again is connected by the belief system of a particular individual i.e. how much he or she believes in religion and the cultural practice around him or her). The belief about jinn possession causing mental illness, is not only observed in Pakistan (Saeed, Gater, Hussain, & Mubbashar, 2000), but also among Muslims in various parts of the world (Adotevi & Stephany, 1981; Akhtar & Aziz, 2004; Aziz, Güvener, Akhtar, & Hasan, 1997; Khalifa, Hardie, & Mullick, 2012; Ojinnaka, 2002; Rambe & Sjahrir, 2002).

Jinn possession means that a human being is possessed by a supernatural entity that takes over the body and the human loses control of himself. Jinn possession has been identified as a cause of various diseases by many Muslims across globe. In Nigeria and Indonesia epilepsy is considered contagious, Afghans believe it to be the act of jinns and Africans in Senegal associate epilepsy with magic (Adotevi & Stephany, 1981; Akhtar & Aziz, 2004; Ojinnaka, 2002; Rambe & Sjahrir, 2002). In Pakistan, however, epilepsy is believed to be curable and not a consequence of a supernatural possession. People in Pakistan seek allopathic treatment for epilepsy compared to other nations where Muslims live. Finding of this study dates back to 1997, when an epidemiology was conducted to assess perceptions of Pakistanis and Turks about epilepsy (Aziz et al., 1997).

In a recent study it was found that young boys and girls studying in madrasas of Pakistan considered mental illness as a consequence of black magic and jinn possession. Young girls reported not to seek help from a general physician as doctors could not do anything about magic. Some of the focus group participants in the study also mentioned that doctors do not do anything and send them back saying there is nothing wrong with them (N. Ali, McLachlan, Kanwar, & Randhawa, 2017). Physicians lack knowledge about this phenomenon and unequipped to tackle situations in which such problems are verbalized by the patient which leads to no adherence of treatment (Q. u. a. Khan & Sanober, 2016).

This shows that in medical practice of Pakistan, a spiritual model is required along with the bio-psycho-social model. Every ailment has a biological, psychological and social side; however there is also a spiritual side that is overlooked. Unfortunately, bio-psycho-social and spiritual model has only been recently emphasized in the field of medicine in this country and has not been put to practice, due to which individuals suffer a lot.

In the same study, the participants also report to turn towards religion to seek help from God as doctors will be of no help against black magic or jinn possession (N.

Ali et al., 2017). This highlights the role of religion in the treatment of the Pakistani people. Muslims prefer praying and reciting from Qur'an to heal epileptic seizures along with the use of anti-epileptic drugs. Religious healing also includes the drinking of blessed water and wearing of amulet with Qura'nic script i.e. taweez (Ismail, Wright, Rhodes, & Small, 2005).

Strategic Vision for Management: 3 A's Spiritual Model

As the culture bound syndromes are beliefs, they can only be managed with a strategic approach. Ask, Apprehend and Advice are the 3 A's of the spiritual model recommended for professionals which can help in guiding and counseling people. Apart from physicians and psychologists, this model can be very helpful for nurses, and social workers. The first step of this model is to ask about spiritual or religious beliefs but before that it is important to know whether someone is willing to talk of their spiritual or religious beliefs or not. Research says that people presenting with medical illness, 41% and 94% of them want their physicians to address these issues (Daaleman & Nease Jr, 1994; Ehman, Ott, Short, Ciampa, & Hansen-Flaschen, 1999; King & Bushwick, 1994). This is especially true for the ones who have life threatening conditions and are at their last stages (Ehman et al., 1999; Moadel et al., 1999). In a survey it was found that even 45% of non-religious patients thought that physicians should inquire politely about patient's spiritual needs (Moadel et al., 1999). It is very important to note that if a person does not wish to talk about their spiritual beliefs, they cannot and must not be pushed to do so (Daniel P Sulmasy, 2001). Health care professionals tend to avoid discussing about spiritual and religious beliefs with their patients and clients (Maichuk, 2011; Daniel P. Sulmasy, 2002), however some psychologists do. The second step is to apprehend the spiritual or religious beliefs. It was found in a study that some psychologists initiate the topic of spiritual beliefs themselves during therapy and some wait for the client to talk about spirituality and religiosity. There are no specific techniques followed by psychologists while asking and understanding about client's spiritual beliefs (Maichuk, 2011). In the same study it was found that psychologists use these beliefs in guiding their clients with their problems, which makes the third step i.e. advice. The psychologists reported that client's religious and spiritual beliefs were a source of positive psychological resources for the clients throughout the interviews. Psychologists also noted that the client's religious and spiritual beliefs provided hope, positivity, support, grounding, coping, resilience, strength, and structure for the clients.

Figure. 3 As Model for Management of Culture Bound Syndromes

DISCUSSION

Pakistan is a nation of diverse cultures, especially when it comes to the health care of its people. Many cultural and religious explanations can be found about various diseases and disorders. People of this country have also found their own ways of dealing with these diseases and disorders. Dhat (semen loss anxiety), which is a common complaint of men of Pakistan and India (Grover et al., 2015; N. Khan, 2008; Malhotra & Wig, 1975), suffices to prove that culture has had an influence on the thinking patterns of people. As both nations were united before, cultural beliefs have been exchanged. Magic as a possible cause of health care problems is another concept common in these two countries (N. Ali et al., 2017; Kulhara, Avasthi, & Sharma, 2000).

The influence of religion can also be seen in the perception of various problems among the people. For example, evil eye is a concept found in Islam. How this concept shaped the beliefs and practices of the people is purely based on the culture of the region. To avoid evil eye, people prefer keeping their successes and achievements a secret. Burning chilies, giving sadaqah, wearing of amulet (taweez) and reading of Qur'anic verses are also some of the ways evil eye is warded off (Bazna & Hatab, 2005; Ghilzai & Kanwal, 2016).

It has been established that Pakistani Muslims prefer religious healing either provided by a Pir (religious healer) or by reciting Qur'an themselves (Zaman). Certain cultural practices that are not harmful for an individual, for example, the use of taweez for children may not be advocated against as unscientific by the health care professionals. The associated belief of an individual with a somatic problem should not be dismissed and if an individual prefers religious healing, the professional may recommend it in the least harmful way, for example, by suggesting prayers or recitation of Qur'anic verses. This may boost the individual's self esteem and not put him or her in a confused state where he or she has to choose between science and religion/culture. It is important to follow the 3A's spiritual model before any health care professional attempts to recommend the spiritual way of healing. It is imperative to follow the steps i.e. asking individuals

about their beliefs, trying to apprehend them and finally advising a practice related to the individual's beliefs which can help with the problem.

In cases like Athra (Batool & Azam, 2016; Qureshi et al., 2017), where the woman is isolated by her close and distant ones, the health care professional could make an effort in increasing awareness regarding the problem by subtly introducing the somatic causes of the problem while talking about the culturally believed causes. This is important because if the professional is not sensitive to the cultural beliefs of the patient, caregivers, family members or anyone associated with the individual suffering from Athra, they may not want to believe in anything the health care professional says either. This could perhaps lead to cessation of medication as well which would be harmful for the patient. This is the reason the second step of the 3 A's spiritual model is essential i.e. health care professional must try to understand the associated spiritual belief of the individual(s).

Most people in Pakistan regard the educated ones who dismiss cultural beliefs as 'modern' or 'liberal' i.e. people who have forgotten their religion and have become followers of western beliefs (Paracha, 2015). As said, "culture does not win over strategy, it is the strategy" (Yoder-Wise, 2018), professionals (doctors, nurses, psychologists, psychiatrists, social workers etc.) should focus on using culture in making treatment plans for the people (Lewallen, 2011; McQuaid, 2018), thereby, using the bio-psycho-social and spiritual model in the treatment of individuals.

Regardless of the problem presented by a person/client/patient, a professional can always use the 3 A's spiritual model to help. In case of culture bound syndromes, it becomes crucial to understand the beliefs related to a phenomenon. As it has been previously established that culture bound syndromes in Pakistan are linked with religious beliefs which has shaped cultural practices, it cannot be stressed enough that spiritual model needs to be used while dealing with such problems.

Future Directions

Health care professionals apart from following an integrated approach in treating their patients should also take religious or cultural belief of an individual in account. Physicians and psychologists both need to focus on using the spiritual belief of an individual to provide culture based treatment. Instead of only focusing on bio-psycho-social aspects of an individual's problem, the spiritual aspect can be taken into consideration. In this way, the psychologists would be doing the work of religious/faith healers as well but in a less harmful way. The 3 A's spiritual model can also be used in group therapy or by recommending prayers or religious recitation in groups.

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